2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002568

FILED Jan 14, 2005 Secretary of State

Entity Name: TOWERS HOME CARE AND REHABILITATION SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 210 S LAKE AVENUE SUITE 200 ORLANDO, FL 32801 **Current Mailing Address: New Mailing Address:** 210 S LAKE AVENUE SUITE 200 ORLANDO, FL 32801 FEI Number: 59-3719464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEWIS, RICHARD E 300 EAST CHURCH STREET ORLANDO, FL 32801 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FULMER, MACK Name: Name: Address: 1141 WINDSONG ROAD Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: () Delete Title: () Change () Addition CARLSON, WILLIAM E Name: Name: Address: 9955 LAKE GEORGIA DRIVE Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: () Delete Title: () Change () Addition BUCKNER, ROBERT Name: Name: Address: 909 SWEETBRIAR ROAD Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MACK D. FULMER PRES 01/14/2005